

AmendmentAttorney Docket No. 11823-002630**TOWNSEND and TOWNSEND and CREW LLP**Two Embarcadero Center, 8th Floor
San Francisco, California 94111-3834
(415) 576-0200

In re application of: CARY L. QUEEN ET AL.

Application No.: 08/484,537

Filed: JUNE 7, 1995

Group Art Unit: 1642

For: IMPROVED HUMANIZED IMMUNOGLOBULINS

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

I hereby certify that this correspondence is being delivered by Hand Delivery to:

Examiner J. Reeves, Ph.D.

Art Unit: 1642

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On December 23, 1999By: Crystal Parker

Sir:

Transmitted herewith is an Amendment Under 37 C.F.R. §1.116, attaching copies of two references (Queen et al. and Gorman et al.) and page 1 of the specification of U.S.S.N. 07/223,037, in the above-identified application.

- [X] Substitute Specification and Drawings;
 [X] Petition to Correct Inventorship Under 37 CFR 1.48(b) and 37 CFR 1.48(c);
 [X] Four Terminal Disclaimers;
 [X] Declaration Under 37 C.F.R. 1.132 (Cary L. Queen) attaching Exhibit A;
 [X] Two [Substitute] Declaration and Power of Attorney forms executed in counterpart;
 [X] Return postcard.

If any extension of time is needed, then this response should be considered a petition therefor.
The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 60	MINUS	** 60 = 0
INDEP. *17 MINUS *** 17 = 0			
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			

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OTHER THAN
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RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
x \$9.00 =			x \$18.00 =	\$0.00
x \$39.00 =			x \$78.00 =	\$0.00
+ \$130.00 =			+ \$260.00 =	
TOTAL ADDIT. FEE		OR	TOTAL	\$0.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[X] No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

[] Claims fee \$ _____
 [X] Any additional fees associated with this paper or during the pendency of this application.

NO extra copies of this sheet are enclosed.

TOWNSEND and TOWNSEND and CREW LLP


 William M. Smith, Reg. No.: 30,223
 Attorneys for Applicant